

**Indiana Family and Social Services Administration
Division of Aging**

Comprehensive Surveys of Home and Community Based Services Waivers

Frequently Asked Questions

Revised: 7/20/09

1. What is this survey?

The Comprehensive Survey Tool consists of two distinct survey processes. 1) The Person Centered Compliance and Supplementals, are applicable to waiver participants and each of their service providers listed on the CCB. 2) The Provider Compliance survey is based on the Aging Rule and is applicable to each non-licensed provider every three years.

2. How much notice will the case manager, participant and providers receive prior to the survey being conducted?

The surveyor will contact everyone involved three weeks before the survey is conducted.

3. What does a surveyor do if he/she sees a filthy environment or neglect of the participant, but the participant doesn't mention this as a problem?

If it is a situation of neglect, a surveyor will report to APS, if it is not neglect, and if the participant is receiving a service that impacts on the condition of the environment, the provider may be cited.

4. What does the surveyor do if the consumer expresses fear, neglect, abuse, etc. but it involves a family member rather than a waiver provider?

As mandated reporters, a surveyor will report to APS all suspicions of abuse and neglect regardless of who the perpetrator is.

5. Can a participant refuse to be surveyed; and if they do how does it impact the entire survey?

Since the person has entered into a contract to receive resources through the delivery of Waiver services, the state and federal agencies requires measuring the effectiveness of those services against a criterion of quality. The participant who is the recipient of those services may decline to participate in the satisfaction interview, but the requirements established by the oversight authority cannot be eliminated. In most instances the survey would continue on with the plan of care development and review of provider service records, and provider compliance without the involvement of that participant who receives the services.

6. How does a surveyor interview a participant with dementia? Do you interview family instead?

The family member, significant other or someone who knows the person best will be interviewed along with the participant as he or she tolerates the interview.

7. Do you look at whether the participant actually needs or use services? For example, many participants throw away their home-delivered meal or feed it to their pets. Others may ask for

excessive hours of Attendant Care or Homemaker yet the provider has nothing to do in the home for that many hours.

Services are evaluated against what is approved in the CCB in terms of the effectiveness of services to meet the identified need. If there is a change in the needed or wanted services we would survey against how those changes have been identified, verify a change has actually taken place, and survey against how the modifications in the POC/CCB have been made.

8. Does the participant need to sign a release of information document in order for the surveyor to view their personal information?

The participant does not need to sign a release of information document. The surveyors are contractors of the State of Indiana and therefore require the same HIPAA and confidentiality training as state employees. They will have the same access as state personnel to participant records.

9. Please clarify how documentation from the provider will be accessed.

All providers will be required to provide documentation of client-specific service delivery to the surveyor. Depending on the circumstances this may be done by E-Mail, fax, postal mail, or in person if the surveyor and provider staff happens to be together and the information is accessible.

10. What is the difference between the survey process for ISDH licensed providers and non-licensed providers?

Providers not licensed by ISDH will have a provider compliance survey which will review their compliance with provider qualifications, employment records, criminal background checks on direct service employees, liability insurance, policies and procedures as required in 460IAC 1.2 (see link listed in Q 13). All providers will be surveyed on service delivery and documentation related to the specific participant's CCB. This is the Person-Center Compliance survey (see Q 18)

11. Will the case management agency supervisor be contacted on all communications, some of the communications or none of the communications?

Case Management agency supervisors can be cc'd on all communications. All case management providers will be asked to provide any contact persons that they would like contacted in addition to the individual case manager.

12. What is the background of the surveyors?

There are surveyors with backgrounds ranging from case management to clinical in the fields of Geriatrics, Intellectual and Developmental Disabilities, and Child Services.

13. Is there access to the Comprehensive Survey Tool?

The Comprehensive Survey Tool, which includes the Person Centered Compliance Survey, Provider Compliance Survey for non-ISDH licensed providers and service specific supplemental survey tools, is available on the Division of Aging's website located at <http://www.in.gov/fssa/DA>. There is a link to the "Comprehensive Survey Tool" on the left side of the website.

14. Are the regulations IAC 460 Article 1.2 available online?

IAC 460 Article 1.2 can be found at http://www.in.gov/fssa/files/Aging_Rule.pdf.

15. Who writes and submits the Corrective Action Plan (CAP)?

Requests for a corrective action plan are sent to the specific service provider cited in the survey findings. Each provider cited is responsible for developing and submitting their own Corrective Action Plan (CAP) for the issues cited.

16. Are there any repercussions if an agency does not follow up or complete the CAP in a timely manner?

There is the possibility of sanctions. As per the Aging Rule, the Division of Aging has always required providers to do CAPs, and sanctions have always been a possibility if the provider does not comply.

17. Will the providers and case managers receive confirmation that the CAP was accepted?

The surveyor will send notification in writing to each person participating in the survey, i.e. provider, case manager, etc., indicating if their CAP(s) have been accepted or denied. Case Managers will be apprised of the status of all CAPs affecting their participants, but each provider will not see the status of another provider's survey or CAPs.

18. How often are participants and providers surveyed?

No more than once a year, but participants are randomly selected from a statistically derived sample so it's unlikely they would be selected repetitively. Since the participants surveyed are chosen randomly we cannot predict how often a given provider might be selected for Person Centered Compliance and Supplementals survey portion of the review. Non-licensed service providers must have a Provider Compliance survey once every three years.

19. Will the surveyors share with the participants any information about additional available services?

No, the surveyor will forward any requests for additional services back to the case manager.

20. Will the written report finalized and forwarded to providers after the survey have more information included than what was discussed with the providers at the end of the survey process?

No, there will never be more written in the report of findings than was discussed during the closing meeting held after the survey (either in person or by phone) so there should not be any surprises in the written report of findings.

21. Does the survey have to be completed at the participant's home?

No, the survey can be completed anywhere the participant desires; this could be at another service setting such as the Adult Day Services, at a family member's or friend's home or even local restaurant or coffee shop.

22. What if the participant is a child; do you expect parents to take off time from work to assist with the survey?

No, surveyors can arrange their schedules to meet the family's schedule

23. Will providers submit the CAPs to the CM?

No, CAPs will go back to the surveyor via a website submission

24. Does the surveyor prefer that Attendant Care or Homemaker staff not be present when participant is being surveyed?

No, the preference is that services are present if possible and if agreeable to the participant.

25. If there are issues found concerning difficulties with participant's Medicaid eligibility or re-determination will that be reflected negatively in the CM findings?

Since the CM case notes will be reviewed as a part of the survey all the CM's efforts to resolve eligibility problems should have been already noted and therefore it wouldn't be a negative finding for the CM.

26. What are the CM responsibilities to monitor providers' CAPs

None

27. Do the provider compliance surveys meet the AAA's requirements to monitor providers?

Finalized provider compliance surveys, based upon the Aging Rule, will be shared with AAAs so that those sections will not need to be resurveyed.

28. How long does the survey take for the participant?

Approximately 1.5 hours

29. How long does the survey take for the CM?

Approximately 2-3 hours. This time is billable as units of services under care plan/service review for the Case Manager.

30. How long does the survey take for the providers?

Approximately 3-4 hours for the Non-Licensed Provider Compliance Survey if policies and documents detailed in IAC 460 1.2 are collected in advanced of the scheduled survey date. The survey tool is available on the website so the detailed questions may be reviewed in advance of the survey.

The Person-Centered Compliance Survey review of the participant's Plan of Care (POC) involves all waiver providers. The POC and the Supplementals service documentation must be reviewed; this can be handled in various ways (see Q 8). Each survey tool is available on the website so the detailed questions may be reviewed in advance of the survey.